

Please type a plus sign (+) inside this box []

PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	7247M	Total Pages	38																								
		First name Inventor or Application Identifier																											
		<Douglas Joseph Dobrozsi																											
		Express Mail Label No.		EJ302200419US																									
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231																											
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages [36] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [1]</p> <p>4. Oath or Declaration</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] <p>i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference(useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. /</p> <p>18. CORRESPONDENCE ADDRESS</p> <table border="1"><tr><td><input type="checkbox"/> Customer Number or Bar Code Label</td><td colspan="2">(Insert Customer No. or Attach bar code label here)</td><td>or <input checked="" type="checkbox"/> New correspondence address below</td></tr><tr><td>NAME</td><td colspan="3">Betty J. Zea The Procter & Gamble Company</td></tr><tr><td>ADDRESS</td><td colspan="3">Health Care Research Center (Box 1050) P. O. Box 8006</td></tr><tr><td>CITY</td><td>Mason</td><td>STATE</td><td>OH</td><td>ZIP CODE</td><td>45241</td></tr><tr><td>COUNTRY</td><td>U.S.</td><td>TELEPHONE</td><td>(513) 622-3952</td><td>FAX</td><td>(513) 622-3300</td></tr></table>						<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> New correspondence address below	NAME	Betty J. Zea The Procter & Gamble Company			ADDRESS	Health Care Research Center (Box 1050) P. O. Box 8006			CITY	Mason	STATE	OH	ZIP CODE	45241	COUNTRY	U.S.	TELEPHONE	(513) 622-3952	FAX	(513) 622-3300
<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> New correspondence address below																										
NAME	Betty J. Zea The Procter & Gamble Company																												
ADDRESS	Health Care Research Center (Box 1050) P. O. Box 8006																												
CITY	Mason	STATE	OH	ZIP CODE	45241																								
COUNTRY	U.S.	TELEPHONE	(513) 622-3952	FAX	(513) 622-3300																								

FEE TRANSMITTAL FORM

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16 (c))	29 - 20	9	x \$18.00 =	\$162.00
	INDEPENDENT CLAIMS (37 CFR 1.16 (c))	2 - 3	0	x \$78.00 =	\$0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$270.00 = \$
					BASIC FEE (37 CFR 1.16(a)) \$760.00
					Total of above Calculations = \$922.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
					TOTAL = \$922.00

19. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is enclosed.

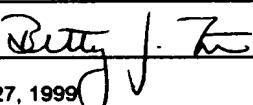
- a. Any patent application filing fees required under 37 CFR 1.16.
- b. Any patent application processing fees under 37 CFR 1.17.

20. The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is enclosed.

- a. Any patent application processing fees under 37 CFR 1.17.
- b. The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).
- c. Any filing fees under 37 CFR 1.16 for presentation of extra claims.

21. The total number of duplicate copies enclosed is 5. The Commissioner is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

22. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Betty J. Zea
SIGNATURE	
DATE	July 27, 1999

"Express Mail" mailing label number EJ302200419US

Date of Deposit July 27, 1999

I hereby certify that this paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

Betty J. Zea 38,059
Attorney/Agent mailing application Reg No.


Signature of Attorney/Agent mailing application